



JFJ Elite Gymnastics

Automatic Payment Authorization for Credit/Debit Cards

Please print the following information:

Child's full name(s) _____

Person authorizing automatic draft payments:

Name _____

Address _____

City _____ State _____

Zip _____

Phone (H) _____ (W) _____

Email address _____

Monthly Draft Amount or amount due for the month \$ _____

I hereby authorize monthly tuition payments, as shown above, to be drafted from the account designated below on the first of each month. In the event that I change my credit card service to a different bank or different account, I will notify JFJ Elite Gymnastics in writing as least 15 days prior to the date of my next scheduled automatic payment. I will give a 30-day written notice to JFJ Elite Gymnastics before stopping the automatic draft payment, if for any reason I withdraw my child from JFJ Elite Gymnastics.

Please note: All drafts or checks returned by our bank as NSF, Account Closed, or for any other reason, will be charged a \$35.00 returned fee. The total amount due on any returned item may be resubmitted and/or broken into multiple drafts to expedite collection. A separate draft for the \$35 Returned Fee will be submitted on your account.

I hereby authorize drafts from my credit/debit account only as specified above.

Name _____ Date ____/____/____

Signature _____

Billing address if different _____

Account Number _____

Expiration Date _____

Mastercard _____ Visa _____

Please Return Completed form to:
JFJ Elite Gymnastics
3314 Old Columbiana Road
Hoover, AL 35226
Phone 205-979-7969 Fax 205-979-7787